Summary of the American College of Physicians’ April 13, 2020 Letter to Congress:
More Must Be Done to Support Physicians and Patients during COVID-19 Pandemic

ACP urges Congress to promptly enact additional legislation to address the following priorities:

- Ensure the financial viability of physicians and their practices
- Reduce administrative burdens that may delay care for patients
- Ensure access to health care coverage, and treatment for the uninsured
- Ensure access to personal protection equipment
- Expand coverage
- Expand health system capacity

ACP’s specific recommendations:

1. Increase funding for the Paycheck Protection Program and direct the SBA to prioritize physician practices.
   a. Provide additional funding to ensure that small businesses will receive the funds needed to sustain their business, including physician practices.
   b. Ensure effective implementation so that physician practices can readily qualify.
   c. Apply the same exception to physician practices with more than one location but with 500 employees or less per location as applies to the Accommodation and Food Services Industry. Otherwise, many physician practices with multiple locations will be ineligible for PPP loans.

2. Increase funding for the Public Health and Social Service Emergency Fund and direct HHS to ensure that a substantial portion is prioritized to support physicians and their practices.
   a. Substantially increase funding for the PHSSEF Fund and direct that at least 30 percent of it be set aside to support physicians and practices.
   b. Direct HHS to prioritize this portion of the additional funding, as well as the remaining $70 billion left from the initial $100 billion in funding from the CARES Act, to primary care physicians, physicians in smaller practices, physicians practicing in underserved rural and urban communities, physicians taking care of Medicaid patients, and physicians providing care directly to COVID-19 patients as well as to patients with other underlying complex and chronic medical conditions, many of which would place them at greater risk should they acquire COVID-19
   c. Ensure that the administration continues to implement this fund in a way that ensures rapid disbursement of funds to financially distressed practices.
3. **Provide interest free loans and other mechanisms for physician practices of all sizes.**
   a. Include the provisions in the Immediate Relief for Rural Facilities and Providers Act (S.3559), introduced by Senators Bennet and Barrasso, to provide an emergency, one-time grant for all physicians and ambulatory surgery centers equal to their total payroll from January 1 to April 1, 2019. The grant should also include all overhead costs.

4. **Mandate changes in Medicare and Medicaid payments to support physicians and practices.**
   a. Mandate a positive Medicare Physician Fee Schedule (MPFS) update comparable to those hospitals and other “providers” received in 2020.
   b. Ensure that increases in Medicare payments for undervalued Evaluation and Management (E/M) Services--as included in the 2020 Medicare Physician Fee Schedule Final rule--are implemented on January 1, 2021 as required by the rule. ACP is supportive of Congress waiving budget neutrality for the increases in E/M services as mandated by the final rule, provided that implementation of such increases are not conditioned on waiving budget neutrality.
   c. Require Medicaid pay parity for all physicians, and especially for primary care and subspecialty care, retroactive to the declaration of the COVID-19 national emergency.
   d. Pay physicians and hospitals 110 percent of the Medicare rates for providing COVID-19-related treatment for uninsured persons.

5. **Require that all payers including CMS cover and pay for audio-only telephone consultations at the same rate as an established patient in-office visit.**

6. **Direct CMS to improve the Advance Medicare Payment Program and extend the amount of time by which physicians would have to pay back Medicare for the advance payment.**
   a. Postpone recoupment until 365 days after the advance payment is issued.
   b. Reduce the per-claim recoupment amount from 100 percent to 25 percent.
   c. Extend the repayment period for physicians to at least two years.
   d. Waive the interest that accrues during the extended payment period.
   e. Give HHS authority to issue more than one advanced payment.

7. **Suspend Medicare preauthorization requirements for the duration of the emergency.**

8. **Provide support for Resident Physicians and Students.**
   a. Provide at least $20,000 of federal student loan forgiveness or $20,000 of tuition relief.
   b. Provide flexibility in GME reimbursement to hospitals to accommodate variations in training due to the COVID-19 response. Lengthen the initial residency period for residents to allow them to extend their training, if necessary, to meet program and board certification requirements. Expand the cap at institutions where residents must extend their training to support...
an increased number of residents as new trainees begin while existing trainees remain to complete their programs.

9. Mandate a special enrollment period for Affordable Care Act (ACA) marketplace plans.
10. Ensure sufficient funding, distribution based on health need, and end to price-gouging and bidding for Personal Protection Equipment.
11. Reauthorize the Conrad State 30 J-1 visa waiver program.
12. Ensure sufficient availability of prescription drugs, including addressing growing shortages and price-gouging.
14. Prohibit triage guidelines in any crisis standards of care plans in federal programs, or in facilities receiving federal funding, that are discriminatory against classes or categories of patients.
15. Ensure sufficient funding for public health data surveillance and analytics infrastructure modernization.
16. Ensure adequate funding and oversight to support the broadband infrastructure needed to support telehealth activities.